

14 APR 22 PM 3:20

**FEC
 FORM 3**

**REPORT OF RECEIPTS
 AND DISBURSEMENTS**
 For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Osborn for Senate, Inc.

ADDRESS (number and street)

PO Box 214



Check if different than previously reported. (ACC)

Waterloo

NE

68069-0214

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00545764

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NE

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
 01 / 01 / 2014

through

M M / D D / Y Y Y Y
 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Molly Lloyd

Signature of Treasurer

Molly Lloyd

Date

M M / D D / Y Y Y Y
 04 / 11 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
 Use
 Only

FEC FORM 3
 (Revised 02/2003)